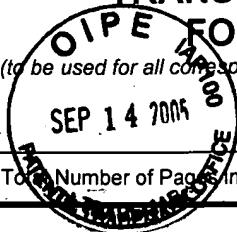


<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i> 		Application Number	10/666,238
		Filing Date	09/18/2003
		First Named Inventor	Joseph Thomas O'Neil
		Group Art Unit	2645
		Examiner Name	Smith, Creighton H.
		Total Number of Pages in this Submission	15

**Enclosures (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Drawing(s) & Letter to Official Draftsman <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition to the Commissioner <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> CD, Number of CDs <input type="checkbox"/> Additional enclosure(s) (please identify below)
--	---	---

Remarks Response to Official Action dated May 19, 2005

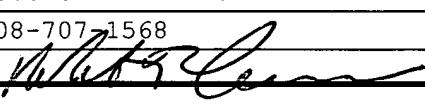
**CORRESPONDENCE ADDRESS**
 Customer Number or Bar Code Label

Customer Number - 26652

or  Correspondence address below

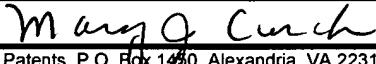
NAME	Samuel H. Dworetzky			
ADDRESS	AT&T CORP. One AT&T Way			
CITY	Bedminster	STATE	New Jersey	ZIP CODE
COUNTRY	United States of America			

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

NAME	Robert T. Canavan	Reg. #	37592
TELEPHONE	908-707-1568		
SIGNATURE		DATE	09/12/2005

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: 09/12/2005

Type or Printed Name	Mary J. Curch		
Signature		Date	09/12/2005

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450